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|-----------------------------|-------------------------|--------------|-----------------------------|---------------------|
| SERIAL NUMBER 09/145,137 | FILING DATE 08/31/98 | CLASS 455 | GROUP ART UNIT 2744 2778 | ATTORNEY DOCKET NO. |
|-----------------------------|-------------------------|--------------|-----------------------------|---------------------|

APPLICANT

WALKER C. MORRIS, DALLAS, TX.

****CONTINUING DOMESTIC DATA*******

VERIFIED JS THIS APPLN IS A DIV OF 08/711,515 09/10/96 PAT 5,802,483
 WHICH IS A DIV OF 08/314,533 09/28/94 PAT 5,793,843
 WHICH IS A CON OF 07/828,527 01/28/92 ABN
 WHICH IS A CIP OF 07/733,826 07/22/91 ABN
 WHICH IS A CIP OF 07/429,356 10/31/89 ABN

****371 (NAT'L STAGE) DATA*******

VERIFIED JS

****FOREIGN APPLICATIONS*******

VERIFIED JS

FOREIGN FILING LICENSE GRANTED 09/17/98

***** SMALL ENTITY *****

| | | | | |
|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY TX | SHEETS DRAWING 4 | TOTAL CLAIMS 24 | INDEPENDENT CLAIMS 8 |
| Verified and Acknowledged <u>JS</u> Examiner's Initials _____ | Initials _____ | | | |

ADDRESS

W THOMAS TIMMONS
 TIMMONS & KELLY
~~PLAZA OF THE AMERICAS~~ The White House on Turtle Creek
~~SUITE 1720 N~~ 2401 Turtle Creek Blvd.
 DALLAS TX 75201 95219-4760

TITLE

METHOD AND APPARATUS FOR TRANSMISSION OF ~~DATA AND VOICE~~ ANALOG AND DIGITAL

| | | |
|----------------------------------|---|---|
| FILING FEE RECEIVED \$644 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|----------------------------------|---|---|